

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90023 037 ****50.00

DOCUMENT # L01000020583					
1. Entity Name D.T.O. DEVELOPMENT, LLC					
Principal Place of Business 503 NORTH ORLANDO AVE. SUITE 105 COCOA BEACH, FL 32931			Mailing Address 503 NORTH ORLANDO AVE. SUITE 105 COCOA BEACH, FL 32931		
2. Principal Place of Business 61 W. Colonial Dr.			3. Mailing Address 61 W. Colonial Dr.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, FL			City & State Orlando, FL		
Zip 32801		Country USA		4. FEI Number 04-3586400	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 503 NORTH ORLANDO AVE. SUITE 105 COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 61 W. Colonial Dr. City Orlando FL Zip Code 32801		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				(NOTE: Registered Agent signature required when reinstating) DATE 4/22/05	
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE MGRP NAME KODSI, ALBERT STREET ADDRESS 503 N ORLANDO AVE #105 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete				
TITLE VP NAME SHOEMAKER, JOHN B STREET ADDRESS 4432 PARKWAY COMMERCE BLVD. CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete				
TITLE VP NAME KODSI, STEVE STREET ADDRESS 4432 PARKWAY COMMERCE BLVD. CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete				
TITLE VPT NAME COHEN, ODED STREET ADDRESS 4432 PARKWAY COMMERCE BLVD. CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE UGRD NAME ALBERT KODSI STREET ADDRESS 61 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VP NAME JOHN B. SHOEMAKER STREET ADDRESS 61 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VP NAME STEVE KODSI STREET ADDRESS 61 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VPT NAME ODED COHEN STREET ADDRESS 61 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				DATE 4/22/05 407 294 7921	